Capnography for moderate sedation during routine EGD and colonoscopy

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Mehta and colleagues concluded from their single-site randomised controlled trial of capnography during moderate sedation in routine EGD and colonoscopy that this technology does not appear to lower rates of hypoxaemia.[1] It seems, though, that this conclusion is not consistent with the research design used. The endoscopy team was notified by the independent observer whenever control group participants were apneic for 30 seconds. Based on the information provided, a more accurate conclusion from this trial would be: Compared with a capnography-derived 30-second apnoea alert, implementation of interventions for hypoventilation (respiratory rate of $\leq$8, apnea $\geq$5 s) or disordered respirations (>75% reduction from the baseline capnographic waveform lasting $\geq$ 10s) detected by capnography did not lower rates of hypoxaemia during moderate sedation for EGD and colonoscopy. Although we recognise that this was a restriction imposed for safety reasons, the frequency in which the endoscopy team was alerted about capnography-derived apneic episodes is important information needed to fully understand the implications from this trial for clinical practice.

References

1. Mehta PP, Kochhar G, Albeldawi M, et al. Capnographic Monitoring in Routine EGD and Colonoscopy With Moderate Sedation: A Prospective, Randomized, Controlled Trial. *The American Journal of Gastroenterology*. 2016.